



**INTERAGENCY AGREEMENT  
FOR THE  
NEW JERSEY EARLY INTERVENTION SYSTEM  
UNDER PART C  
OF THE  
INDIVIDUALS WITH DISABILITIES EDUCATION ACT  
(IDEA)**

## **PURPOSE**

The purpose of this agreement is to ensure collaboration in the development of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and/or developmental delays who are eligible under Part C of the Individuals with Disabilities Education Act (IDEA). This system is designed to ensure the availability and accessibility of early intervention services for all eligible children and their families.

The agencies involved in this agreement are: the Departments of Health and Senior Services, Human Services; and Education; the Developmental Disabilities Council; and U.S. Department of Health and Human Services, Region II Administration for Children and Families (Head Start). The term Head Start in this document is used to refer to Early Head Start, (Preschool) Head Start, and Migrant Head Start Programs. The commissioners/directors of these agencies or their designees serve on the State Interagency Coordinating Council (SICC) for Part C. State departments have authority to manage the provision of services through contracts, grants, policies and procedures, or regulations. This agreement specifies the roles and responsibilities of the participating agencies and provides guidance for implementation. All parties to this agreement are referred to as agencies. It is the intent of this agreement to ensure the following:

- The development of an interactive, cooperative relationship at the State level that results in effective and efficient services and supports for eligible infants, toddlers and their families, and minimizes duplication of such services and supports.
- Cooperative fiscal planning that will maximize utilization of available funds in providing services and supports to the eligible population of infants and toddlers with disabilities and/or developmental delays and their families.

## **OUTCOMES**

It is agreed that the potential benefits from cooperation among state agencies include the following:

- availability and increased ease in accessing a full range of appropriate services and supports for children and families from multiple systems;
- maximum utilization of funds and resources;
- increased collaboration with respect to shared expertise and planning based on priorities, resources and concerns identified by the families of eligible infants and toddlers;
- increased coordination in order to minimize unnecessary duplication and fragmentation while determining areas in which resources need strengthening; and
- increased satisfaction of families with respect to early intervention services and supports.

## **MISSION**

The mission of the New Jersey Early Intervention System is to enhance the capacity of families to meet the developmental and health related needs of children birth to age three who have delays or disabilities by providing quality services and support to families and their children. Families from diverse racial, cultural, and socio-economic backgrounds will be involved in decision making at every level of the design, implementation, and evaluation of the Early Intervention System. The system will:

- promote collaborative partnerships among the family, their community, service and health care providers, schools and child care programs that strengthen and enhance family competence to develop and use lasting networks of natural support.
- provide a family centered approach which will be based upon the uniqueness of the family and its culture.
- promote prompt service and support delivery in settings most natural and comfortable for the child and family and which foster opportunities for the development of peer relationships with children without disabilities.
- reflect the current best practices in the field of early intervention in order to ensure uniformity of service delivery standards and yield the most positive outcome for the child and family.
- recognize and respect the knowledge, beliefs, aspirations, values, culture and preference of families and utilize these for the planning and delivery of supports and services.
- facilitate ongoing, system wide, participatory evaluation to ensure an effective and efficient Early Intervention System.

## **CHARACTERISTICS OF EARLY INTERVENTION**

Early intervention services are provided to children and their families in ways that help families maximize their children's development, consistent with federal law:

- within the family's routine
- within their natural environments (the home and community settings in which children without disabilities participate)
- with the active participation of families
- in the language or mode of communication used by the family
- with respect for the family's culture

Early Intervention services can occur outside natural environments only if IFSP outcomes cannot be achieved satisfactorily in natural environment.

## **RESOURCES TO SUPPORT FAMILIES IN DECISION-MAKING ROLES**

Funds will be designated to ensure that whenever families are asked to participate in local, regional, and/or statewide early intervention training and/or advisory activities, supports will be made available. These supports may include: transportation, childcare, mileage reimbursement, participatory stipends and other relevant expenses.

## **AUTHORITY**

The responsibilities and objectives delineated in this agreement are derived from the following federal legislation which requires collaboration with other related federal and state initiatives:

- Part B and Part C of the Individuals with Disabilities Education Act (IDEA);
- The Developmental Disabilities Assistance and Bill of Rights Act;
- Title XIX, Medicaid, of the Social Security Act;
- Title XXI, Children's Health Insurance Program
- Title V, Maternal and Child Health Block Grant, of the Social Security Act;
- Title IV, Child Welfare, of the Social Security Act;
- The WIC Program - The Women, Infants and Children's Program;
- The Child Care and Development Block Grant and the Child Welfare At-Risk Child Care Program, both enacted under OBRA '90;
- The Head Start Act;
- Head Start Program Performance Standards, 45 CFR 1304
- Head Start Program Performance Standards, 45 CFR 1305
- Head Start Program Performance Standards for Children with Disabilities, 45 CFR 1308
- The Americans with Disabilities Act of 1990;
- Education N.J.S.A. Title 18A;
- Education N.J.A.C. 6:14;
- Developmental Disabilities Council N.J.S.A. 30:1AA 1,2;
- Developmental Disabilities N.J.A.C. 10:40;
- Medical Assistance N.J.A.C. 10:49;
- Office of Education N.J.A.C. 10:11 and 12;
- Commission for the Blind and Visually Impaired (CBVI)BVI N.J.A.C. 10:91; and
- Division of Developmental Disabilities (DDD) Family Support: Act - N.J.S.A. 30:60-33 et seq.
- Rule - N.J.A.C. 10:46A

## **AGENCY RESPONSIBILITIES**

### **Department of Health and Senior Services**

The Department of Health and Senior Services is responsible for overseeing and inspecting the state's health care facilities, city and county health departments, and community health services, in addition to protecting the public health. In 1996, the department added programs for senior citizens to its jurisdiction.

### ***Division of Family Health Services***

The mission of the Division of Family Health Services is to assure that a coordinated, prevention oriented system of health care services exists to meet the recognized and emerging needs of the families of New Jersey, with all women and children being a special priority. The goal of the Division is to develop a system of services that assures:

- Access- Ensure that priority populations have access to needed services.
- Quality/Value - Accountability for the quality of health care services and outcomes of services provided to the defined Family Health Services populations.

- Responsiveness - Ensure service linkages beyond the medical community for the most vulnerable populations served and educate families to become informed and empowered customers of the health service delivery system, customers who know how to access the system and who know their rights.
  - Prevention/Protection - Ensure a system that will provide for the timely intervention for at risk populations and families who are in crisis.
- **Early Intervention System:** The Department of Health and Senior Services, with the advice and assistance of the State Interagency Coordinating Council, is the lead agency responsible for New Jersey's Part C statewide system of services for infants and toddlers with developmental delays or disabilities, and their families. As lead agency, the Department of Health and Senior Services has ultimate responsibility for Part C. However, the statewide system is a coordinated effort among the New Jersey Departments of Health and Senior Services, Human Services, and Education, and New Jersey's Developmental Disabilities Council. Each of these agencies agrees to participate in the overall coordination and implementation of services.

New Jersey's Early Intervention System receives state and federal funds through Part C of IDEA. The ultimate goal is for children to maximize their potential to lead full, productive lives with their families and within their own communities. As such, the system is deeply rooted in community-based support and family centered service provision. Four Regional Early Intervention Collaboratives have been established to provide a community based, culturally competent and consumer driven system. The Collaboratives are responsible for conducting assessments to identify regional needs; developing plans to address the needs; for understanding and supporting family preferences, needs, and quality of life; and for actively involving families and community in every aspect of system development.

The following programs within the Department of Health and Senior Services are applicable to young children and their families and may be used to supplement the early intervention system under Part C:

- **Special Child, Adult and Early Intervention Services**  
Special Child Health Services provides funds to support a statewide network of services for children with special health care needs. Services include pediatric subspecialty services, developmental assessments, genetic testing and counseling and a county-based system of case management/service coordination. Special Child Health Services also maintains both a Birth Defects Registry and a Special Needs Registry. Approximately 8,000 to 10,000 infants and children are newly identified to Special Child Health Services each year.

The County based, Special Child Health Services Case Management Units are the single points of entry into the early intervention system. With family consent, the case management unit will assign a Part C Service Coordinator to work with the family.

- **Maternal, Child and Community Health Services**

The mission of Maternal, Child and Community Health is to improve the health status of New Jersey infants, children, adolescents and families in a culturally competent manner, with an emphasis on serving low income and special populations. We encourage the development of collaborative partnerships to reduce gaps in health care delivery, maximize program effectiveness, and improve the quality of life of New Jersey families. The mission is accomplished through supporting and promoting comprehensive, family centered, community based, accessible, reproductive, preventive and primary care services.

The service unit includes Child and Adolescent Health Program which consists of Community Partnerships for Healthy Adolescents, Childhood Lead Poisoning Prevention, Adolescent Abstinence Education, Sudden Infant Death Syndrome (SIDS), Osteoporosis Prevention and others; Perinatal Health Services Program which includes Maternal and Child Health (MCH) Consortia, Healthy Mothers/Healthy Babies (HM/HB) Coalitions, Fetal Alcohol Syndrome Project and Healthstart; Reproductive Health Services Program which includes Family Planning and Cancer Education and Early Detection Services. The Primary Care Services includes Federally Qualified Health Centers (FQHC), and Primary Care Coordination. The Black Infants Better Survival (BIBS) campaign and direct service activities are also program components of this service unit.

This unit also coordinates the support of a toll free Family Health Line for New Jersey residents seeking referral to publicly funded health care services. The Family Health Line (1-800-328-3838) is open 24 hours a day, 7 days a week. Services available through the toll-free number include prenatal and pediatric care, Immunizations, Pediatric Case Management, Pediatric HIV Treatment, WIC, and Child Health Conference (well child care), primary and preventive health care through community health centers, and dental referrals. Professional counselors staff the Family Health line. A foreign language translation service is available and the hearing-impaired have access through a telecommunications device for the deaf.

- **Women, Infants and Children Program (WIC)**

The state WIC program provides supplemental food, nutrition education and assistance in arranging ongoing health care through nineteen local agencies. Participants in the program receive monthly checks to purchase milk, infant formula, eggs, cereal, juice and peanut butter or dried beans and peas at designated stores. Breastfeeding women may also purchase tuna fish and carrots. The WIC program serves pregnant women; breastfeeding women up to the infants first birthday; postpartum, non-breastfeeding women up to the first six months; infants from birth through their first birthday; and children up to age five. Eligibility is based on family income and the applicants nutritional risk situation.

- **Health Promotion and Disease Prevention**

Provides a toll free Family Health Line for New Jersey residents seeking referral to

publicly funded health care services. The Family Health Line (1-800-328-3838) is open 24 hours a day, 7 days a week. Services available through the toll-free number include Healthstart Pediatric Care, Immunizations, Pediatric Case Management, Pediatric HIV Treatment, WIC, and Child Health Conference. Professional counselors staff the Family Health line. A foreign language translation service is available and the hearing-impaired have access through a telecommunications device for the deaf.

### **Department of Human Services**

The Department of Human Services serves more than one million persons, or about one of every eight New Jersey residents each year. Created in 1976 from the Department of Institutions and Agencies, it is the largest department in state government.

The department provides services to some of New Jersey's most vulnerable citizens - abused children; troubled youth and families; families living in poverty; persons with developmental disabilities, mental illness, blindness and visual impairments, and deafness and hearing impairments.

The New Jersey Department of Human Services works in partnership with families, consumers, advocacy groups, service providers and state and municipal officials throughout the state to ensure that the rights of people with disabilities are protected and that they and their families have access to quality programs and services that meet their needs. Services include, but are not limited to, the provision of health care for people with special needs, community living, employment-related and day programs, community-based mental health and in-patient care for both children and adults with emotional and behavioral problems, and assistive technological devices for people who are blind or deaf. Resources of the Department of Human Services that may be used to supplement the early intervention system under Part C or direct services that may be available to infants and toddlers who are eligible for Part C services include:

### **Office of Early Care and Education**

The mission of the Office of Early Care and Education (OECE) is to advise, analyze, promote, develop policy options and support the Department on child care policy, especially through administrative support to the legislatively-mandated Child Care Advisory Council. A major responsibility is coordination of and participation in activities to implement the court-ordered Abbott Preschool Initiative. OECE provides a central point of reference to the general public on child care matters and disseminates information on various early care and education topics from local, state and national sources to appropriate offices within Central Office, Division of Youth and Family Services and Division of Family Development. In addition, OECE provides oversight of the federally-funded school-age child care and special needs child care project staff and the Head Start/State Collaboration Project.

#### **▪ MAP to Inclusive Child Care**

Under the direction of the Department of Human Services, the interagency MAP to Inclusive Child Care Team meets regularly interagency team to discuss strategies for

increasing and enhancing the inclusion of children with special needs in child care settings. The MAP Team includes DHS representatives from the Office of Early Care and Education, Division of Family Development, Office of Licensing and Division of Developmental Disabilities. The MAP Team also includes representatives from the Department of Education (Office of Special Education Programs, Office of Early Childhood Education, Learning Resource Centers); Department of Health and Senior Services (Early Intervention System, Maternal Child Health); Early Intervention providers; Head Start; Unified Child Care Agencies; disability organizations; child care providers; trainers; advocates for children with special needs and parents.

▪ **The New Jersey Inclusive Child Care Project**

The initiative is funded through a grant to the Statewide Parent Advocacy Network (SPAN). The goals of the project are:

- To increase the quality of early care and education for children with special needs.
- To increase the number of child care providers that offer inclusive child care.
- To increase awareness among parents, child care providers and child care resource and referral agencies of the services available for children with special needs.
- To improve the delivery of services for children with special needs through collaboration among providers of child care services and special needs services.

▪ **Head Start – State Collaboration Project**

The New Jersey Head Start - State Collaboration Project is an early childhood initiative, funded by a grant from the U.S. Department of Health and Human Services since 1990. The project's purpose is to create multi-agency and public/private partnerships with Head Start programs at the state level. These partnerships are intended to help build early childhood systems, enhance access to comprehensive services for low-income families, encourage collaboration among Head Start and other appropriate programs and services, and facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting the Head Start target population.

***Division of Disability Services (DDS)***

The Division of Disability Services provides information and referral services to people with disabilities and their families, who are seeking help locating appropriate resources in their communities.

▪ **Information and Referral**

Assistance is available on issues affecting people with any type of disability in the state of New Jersey. The Division responds to as many as 10,000 requests each year for information and referral through its toll free hotline (**1-888-285-3036**). This telephone number serves as a point of entry into the often-confusing system of national, state, county and local services for the disabled, and can be particularly helpful to people who



do not meet the various requirements for programs for people with specific types of disabilities. The information and referral service also can provide information on issues that cut across more than one disability. Information and referrals for early intervention services are directed to the Special Child Health Services County Case Management Units and Regional Early Intervention Collaboratives.

- **New Jersey Resources Directory**

Published annually, the directory provides the most complete guide available of information on private and public agencies and offices that serve people with disabilities in New Jersey. Statewide distribution assures that the central directory is accessible to the general public. The central directory is distributed to parent groups, advocacy groups, early intervention providers, local education associations, hospitals, human services agencies, and university/colleges throughout the state and to the general public upon request. The lead agency coordinates with the DDS to arrange for copies of the directory to be available in each geographic region of the state, including rural areas, and in places and a manner that ensure accessibility by persons with disabilities.

- **Home and Community-Based Services Programs**

Provides services designed to let severely disabled people avoid institutionalization and remain in the community.

***Catastrophic Illness in Children Relief Fund***

Provides eligible families with financial assistance to help them cover medical expenses that were previously incurred because their child became catastrophically ill or injured. Covered expenses include, but are not limited to, special ambulatory care, acute or specialized in- or out-patient hospital care, medical equipment, medically-related home modifications, home health care and medical transportation.

***Commission for the Blind and Visually Impaired***

The Commission for the Blind and Visually Impaired (CBVI) provides a wide range of comprehensive itinerant services to blind and partially sighted children, their families, early intervention programs and school districts. CBVI has traditionally provided services in natural environments to infants and toddlers and their families, early intervention programs, and other community organizations.

Eligibility for services is based on a visual acuity criteria of 20/70 or worse in the better eye with correction, or severe field restrictions. For young children, a written statement from an eye doctor documenting a serious visual impairment is acceptable. Children may also be referred when a visual loss is suspected. Commission services are provided to children with multiple disabilities and the deaf blind.

The Commission's disability specific vision services are provided in collaboration with early intervention. These services are offered in the natural environment and include assessment and evaluation, parent training, technical assistance to families, service

coordination, early intervention and other community programs. The Commission loans assistive technology devices and materials and provides special instruction to the child as well as transition services to families, service coordination and local school programs. CBVI provides consultation to professionals and families regarding the delivery of services that includes orientation and mobility instruction by early childhood specialists, eye health nurse, screener and social worker.

### ***Division of Developmental Disabilities***

The Division of Developmental Disabilities (DDD) coordinates and provides services for people with autism, mental retardation, cerebral palsy, spina bifida and traumatic brain injuries. Services include counseling, respite care for family members, and referral services to other community-based resources needed.

Clients are eligible to receive services from DDD if they have a developmental disability that meets the criteria of having a mental and/or physical impairment that is apparent before age 22, is likely to continue indefinitely and substantially limiting at least three of the following: self care, receptive and expressive language, mobility, learning, self-direction, economic self-sufficiency, and the capacity for independent living.

DDD's Family Support Program encompasses an array of services that help maintain and enhance the quality of life for individuals with developmental disabilities and their families. The services offered as part of the Family Support Program include: respite care, personal care services, assistive devices, Saturday recreational programs, after program care, and a voucher/stipend program.

- **Initial Uniform Application Act**

On September 8, 2001 Public Law 2000, Chapter 112 took effect. The law requires that an individual with a developmental disability who maybe eligible for early intervention, Division of Developmental Disabilities or special education services shall make an initial uniform application for the determination of eligibility with the department responsible for providing the services being requested at the time of application.

### ***Division of Medical Assistance and Health Services***

The Division of Medical Assistance and Health Services is responsible for the administration of the Medicaid (Title XIX) program in New Jersey. Medicaid provides payment for a wide variety of medical services delivered to low-income beneficiaries through the regular Medicaid program and the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Reimbursement for medical and developmental services is available for infants and toddlers who are Medicaid-eligible.

The Division has negotiated a specialized interagency agreement with the Department of Health and Senior Services to secure Title XIX funds for service coordination and certain medically necessary services provided, pursuant to Part C of IDEA.

## **Department of Education**

The primary mission of the New Jersey Department of Education (DOE) is to create the opportunity for all learners to demonstrate high levels of achievement through attainment of the Core Curriculum Standards.

### ***Office of Special Education Programs***

For children with disabilities, ages three through 21 years, the Department of Education's Office of Special Education Programs is responsible for ensuring the provision of special education and related services consistent with the Individuals with Disabilities Act (IDEA). The office implements state and federal laws and regulations governing special education to ensure students (3-21) with disabilities in New Jersey receive full educational opportunities. It provides leadership through the development of policy and implementation documents, assistance to school districts and parents, and facilitating the development of services to the disability community. The Office is responsible for the oversight of the State Special Education Advisory Council, which is charged with the responsibility to advise the Commissioner on the unmet needs of children and students with disabilities. The Office also provides mediation between parents, school districts and access to due process and complaint investigations. In addition, the office funds four regional learning resource centers which provide schools and parents with information, consultation, production and material circulation services.

With regard to children with disabilities, birth through two years and their families, the department will:

- Coordinate with the other participating agencies on Child Find/Public Awareness activities to locate and identify all infants and toddlers potentially eligible under Part C;
- Implement joint policies and procedures with DHSS that ensures appropriate participation of LEAs and families in transition, including training and transition planning conferences; and
- Maintain policies and procedures that ensure the provision of a free, appropriate public education (FAPE) to eligible children with disabilities on their third birthday.

### **Developmental Disabilities Council**

The New Jersey Developmental Disabilities Council is a federally mandated planning and advisory agency located "in but not of" the New Jersey Department of Human Services. The Council's primary functions are the development of public policy concerning people with developmental disabilities and advocacy and planning for them.

The Council is federally funded with some matching state funds. Members are appointed by the Governor and include individuals with disabilities, family members of individuals with disabilities, state agency representatives, and providers of services.

Goals of the Council are to foster the independence, freedom of choice, productivity, inclusion, and social integration of people with disabilities by continually reviewing the distribution of resources, responsibility, authority and accountability within the framework created to support people with disabilities and their families.

With regard to children with disabilities, birth to age three and their families, the Developmental Disabilities Council has and will continue to:

- Publish the magazine entitled FAMILIES featuring stories and information related to issues facing families of children with disabilities in New Jersey. Feature stories about families involved in the EIS are regularly sought and published.
- Actively recruit families involved in the EIS for various training opportunities aimed at assisting individuals with disabilities and their families in becoming actively involved leaders in disability policymaking arenas.
- Actively recruit families involved in the EIS to participate in the nine Regional Family Support Planning Councils created by the Family Support Act of 1993. These Councils have the responsibility of advising the NJ Division of Developmental Disabilities on how family support dollars allocated through the state budget should be spent.

### **Head Start/Early Head Start/Migrant Head Start**

The mission of Head Start is to bring about a greater degree of social competence in children, birth through five years of age, from low-income families. Using the Head Start Performance Standards 45 CFR 1304, the Head Start Performance Standards 45 CFR 1305 and the Head Start Performance Standards for Children with Disabilities 45 CFR 1308, which articulate a vision of service delivery to young children in an inclusive setting, Head Start staff provide a comprehensive approach to services which include the areas of child health and developmental services, education and early childhood development, nutrition, family and community involvement. The range of services available must be responsive as appropriate to each child and family's ethnic, cultural and linguistic heritage. The appreciation for differences and an awareness of challenges results from the federal mandate to make available 10 % of enrollment slots to children with disabilities.

Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding (*Head Start Program Performance Standards CFR 1304.20(c)(5)*).

Head Start is centered on the parent's role as the primary educator, nurturer and advocate for his/her child. This is compatible with the New Jersey Early Intervention System's mission and characteristics as described previously. Since Early Head Start also provides services for pregnant women, linkages should be formed with Special Child Health units to facilitate appropriate referrals and to ensure a seamless system of services in which pregnant women as well as mothers and children are linked to a medical home.

By forming partnerships with other service providers, Head Start programs offer a framework for service continuity as well as specific models of service that respond to the unique needs of each community. Training is an important component through which both staff and parents strive to improve their skills and knowledge.

Head Start programs help families to access and to use existing services and resources. Head Start agencies supplement these resources when there is no other alternative for providing families with services needed.

As a partner, Head Start will:

- Facilitate collaboration among all partners by assisting programs to develop partnerships on a local level that will respond to and reflect the unique resources and challenges of each community.
- Facilitate and provide a framework for the development of local letters of agreement and cooperative efforts between local agencies.
- Coordinate joint training to support collaboration among local agencies.
- Distribute training and technical assistance information to local agencies that increases knowledge and understanding of national goals and policies regarding services and responsibilities for children with disabilities.
- Increase opportunities for local Early Head Start programs and Early Intervention system staff to discuss mutual accomplishments and concerns.
- Increase opportunities for providing early intervention services in the child's natural environment through the Early Head Start program.

## **FUNDING MATTERS**

According to 34 CFR 303.124, Part C funds are to be used to supplement the level of State and local funds expended, and in no case to supplant or replace State and local funds. In addition, medical or other assistance available under Title V or Title XIX of the Social Security Act cannot be reduced nor can eligibility under these programs be altered. Except as provided in 34 CFR 303.527, Part C funds may not be used to satisfy a commitment for services that would otherwise have been paid for from other public or private sources including any medical program administered by the Secretary of Defense, but for the enactment of Part C. Accordingly, agencies agree to ensure the continued provision of available resources to deliver early intervention services and supports to eligible infants and toddlers and their families.

Maximum use will be made of all third party funding sources. State planning efforts will continue to support and facilitate such financing arrangements. Determination of specific agency responsibility for the provision of entitled services under Part C is based upon the provisions of this agreement and the individual agency's eligibility criteria. The Department of Health and Senior Services, as lead agency for Part C, is ultimately responsible for ensuring the availability of services to which an eligible child and family are entitled, including the provision of a multidisciplinary evaluation and assessment, the development of the Individualized Family Services Plan (IFSP) and the provision of service coordination, and the availability of services included in the IFSP.

At the state level, Department of Health and Senior Services staff will work with Medicaid staff to certify and enroll providers who are willing to, and agree to, provide early intervention program services to eligible children and families and to implement Part C policies and procedures. Through this process, New Jersey will ensure that Part C services

are available throughout the state either through public agencies or through vendor agreements and contractual arrangements with public and private providers.

### **FEES**

All screening, child find, evaluation and service coordination activities must be available at no cost to the family. Fees are also not charged for staff time related to the development of the Individualized Family Service Plan (IFSP) or the provision of procedural safeguards. Fees may be charged for other services in accordance with sliding payment schedules under federal or state statutes.

### **CHILD FIND/PUBLIC AWARENESS**

Child Find is a child identification process that is proactive, well publicized, ongoing, easily accessible and sensitive to the integrity of the family. Given the parallel requirements under Part B and Part C of IDEA, the Departments of Education and Health and Senior Services accept joint responsibility for the location and identification of all infants and toddlers potentially eligible under Part C or Part B. All agencies should consider a referral to any one of them as a referral to the system. Therefore, all agencies have a responsibility to direct referrals to the appropriate point of entry. In addition, all agencies have responsibility to increase public awareness and information regarding the services available to children with disabilities and their families, ages birth through 21 years.

As such, the Lead agencies for Part B and C will co-chair a standing workgroup charged with developing processes for the participating agencies, uniform guidelines for products/activities, a budget to support agreed upon activities, and a written plan for regional and statewide efforts in these areas. To enhance statewide communication, coordination, and effectiveness of individual and statewide initiatives, regional and state agencies will be invited to participate with this workgroup.

### **INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) AND DIRECT SERVICES**

All services included in the IFSP must be made available to the child and their family. Definitions of services are included in the Part C Public Law and Federal Regulations. Services may be provided by state or local agencies in accordance with each agency's eligibility requirements and availability of resources. This is in accordance with the provisions of this agreement. Some services are made available through contractual vendor arrangements with public and private providers. The lead agency, the Department of Health and Senior Services, remains ultimately responsible for ensuring the availability of services under Part C.

All agencies are committed to working closely with families of eligible infants, toddlers and preschoolers moving from other states or communities to use as much of the existing IFSP as possible, if the IFSP content meets state guidelines.

### **TRANSITION**

All agencies will work cooperatively to ensure a smooth transition from early intervention services under Part C to preschool services in which the child will participate including

preschool programs and services under Part B. DHSS, as lead agency for Part C, and the Department of Education, Office of Special Education for Part B, will jointly provide information on transition to families, Early Intervention System (EIS) providers, LEAs and other interested parties.

The regulations and/or guidelines of agencies will provide for at least the following elements:

- In New Jersey's Early Intervention Criteria and contract requirements, early intervention program providers contracted by the Department of Health and Senior Services serving infants and toddlers who they believe may be eligible at three years of age for early childhood special education shall participate in transition planning.
- Planning for transition must be addressed in each child's Individualized Family Service Plan (IFSP). The service coordinator initiates transition when the child is age 20-24 months by holding a transition information meeting with the family and early intervention program providers as desired by the family. The service coordinator reviews with the parent options for community transitions, the process to notify the local school district that the child may be eligible for special education, and, with parent consent, prepares for a transition planning conference, including an opportunity for record review. If the child is between the age of 24 - 35 months when determined eligible for early intervention, the transition information meeting is addressed as part of the child's initial IFSP.
- With parent consent, the service coordinator shall convene a transition planning conference for the child when the child's age is between 30-32 months with the appropriate early intervention program providers, the family, the local education agency (LEA), and, as appropriate, other community program providers. To facilitate the transition from early intervention to preschool, a child study team member of the district board of education shall participate in the preschool transition planning conference arranged through the early intervention system under the lead of DHSS. The transition planning conference will include a review of the child's program options for the period from third birthday through the remainder of the school year; and establish a transition plan.
- The service coordinator will assist the family in completing a written request for evaluation to determine eligibility for services under New Jersey Administrative Code for Special Education 6A:14. A written request for evaluation shall be forwarded to the district at least 120 days prior to the child attaining age three unless extenuating circumstances prevail.
- In the case of a child who may not be eligible for such preschool services under Part B, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive. Every effort will be made to ensure the availability of appropriate services in community settings such as Head Start, DYFS licensed early childhood programs and other services and programs for any children who exit Part C and are determined not to be eligible for Part B preschool services.
- Local education agencies will determine eligibility and provide a free, appropriate

public education (FAPE) to eligible children on their third birthday in accordance with N.J.A.C. 6:14.

### **CENTRAL DIRECTORY**

The Division on Disability Services maintains a comprehensive information and referral system through a toll-free telephone number 1-888-285-3036. At this toll-free number an Information and Referral Specialist will work directly with the caller to attempt to find the information being requested. The office also provides a statewide directory of disability services and serves as a “single point of entry” for those not meeting various requirements for other disability specific programs. In addition the office serves as a central focal point for crosscutting disability issues. A printed directory, Resources, is designed to provide users with a method to easily access needed information.

### **COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT**

The agencies party to this agreement will collaborate with one another in the development and implementation of a comprehensive statewide system for personnel development and technical assistance that will promote high quality early intervention services in accordance with Part C of IDEA. Collaborative efforts include, but are not limited to; Map to Inclusive Child Care, Child Care training initiatives, procedural safeguards training, transition training and Head Start regional training.

In addition, opportunities to collaborate with other agencies to develop joint training will be pursued by all agencies. Whenever possible and appropriate; Head Start, Childcare, and LEA staff will be invited to participate in regional and local early intervention training.

DHSS, as lead agency for Part C and the Department of Education, Office of Special Education for Part B, work collaboratively to distribute transition materials and training on the transition of children and families from Part C services to Part B services.

### **SUPERVISION AND MONITORING**

The Department of Health and Senior Services, as the lead agency, is responsible for general administration, supervision, and monitoring of programs and activities receiving assistance under Part C and monitoring of programs and activities used by the state to carry out this part, whether or not the program/activities are receiving assistance under Part C, to ensure compliance with Part C.

The Department of Health and Senior Services assures the following will occur:

- Monitoring of agencies and organizations receiving Part C assistance;
- Enforcing obligations imposed on agencies by regulations;
- Providing technical assistance as necessary to those agencies; and
- Overseeing the correction of deficiencies identified through monitoring.

### **PROCEDURES TO RESOLVE DISPUTES**

The Department of Health and Senior Services is responsible for resolving disputes according to procedures in 34 CFR 303.523 (c) (2). The following procedures are used to



ensure that services are provided in a timely manner pending resolution.

### ***Intra-Agency Disputes***

Intra-agency disputes shall be resolved within each individual department. Each state agency is responsible for procedures regarding resolution of disputes. Department policies regarding internal disputes are submitted to department commissioners for approval.

### ***Interagency Disputes***

1. Disputes between the concerned parties are discussed at the local level for resolution.
2. If unable to be resolved locally submit a letter outlining the problem and circumstances to the Part C Coordinator. The Part C Coordinator will transmit the letter to the appropriate agencies' Division Director , Assistant Commissioner or their designee within 2 working days of receipt.
3. If unresolved within 20 working days, the dispute is referred to the state Commissioners or their designees;
4. In the unlikely event that resolution cannot be reached by the Commissioners or their designees within 20 working days, it will be forwarded to the Governor for resolution;
5. During pendency of the dispute, the Department of Health and Senior Services shall arrange for payment of services in accordance with "payer of last resort" provisions in CFR 303.527, Part C federal regulations, to assure that services continue to the child and family during the period that it takes for the dispute to be resolved; and
6. If, in resolving the dispute, it is determined that the assignment of financial responsibility was inappropriately made, the Department of Health and Senior Services as lead agency will assign financial responsibility to the appropriate agency and arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility shall be made.

The Department of Health and Senior Services ensures that services are provided in a timely manner, pending resolution of disputes among public agencies or service providers.

Once a final determination is made regarding a dispute, it will be binding upon the agencies involved.

### **REVIEW PROCESS**

Continuous liaison among the parties to this agreement shall be the responsibility of the Commissioners or their appointed staff designees. Each agency shall assign a staff person(s) who will assume the responsibilities of this agreement. In addition to the activities listed in this agreement, agencies will plan and conduct activities focused on the CSPD system, the transition of children at age three years, and design of chart depicting the interagency nature of the statewide Part C system.

The Interagency Agreement shall be effective immediately upon the written signatures of the parties below. At anytime, a department may request a meeting to address language or program changes or concerns. Designated staff shall review annually the status of this agreement.